

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

RECEIVED

JUN 22 2009

Applicant Name:  
**Freedom 2000 LLC dba  
Cando Recycling and Disposal**

Application Docket No.:

**TG-081576**

WASH. UT. & TP. COMM

**THE APPLICATION** What authority are you applying for? Include any amendments:

Applying for a certificate to operate as a solid waste collection company under Chapter 81.77 RCW for the Point Roberts area.

**SUPPORT STATEMENT**

(To be completed by the individual or business/organization supporting the request for operating authority)

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

Curbside collection will cease effective July 1, 2009. We need commercial/ residential pick up service of solid waste and recyclables.

Are your transportation needs being met now? Yes \_\_\_ No: X If not, explain problems you have experienced.

The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the certificate.

If the request is denied, would it have any affect on you or your business/organization: Yes X No \_\_\_ If yes, please explain.

We are unable to self haul our commercial/residential garbage. We do not have any commercial dumpsters except those which have been provided and will be removed on July 1, 2009. Furthermore we would have to reallocate staff to deal with transporting the garbage to the transfer station and we have no means of transporting such waste.

**VERIFICATION**

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Larry Musselwhite Liquor Agent

Business/Organization: Point Roberts Liquor Store

Street/Mailing Address: PO. 1606

City, State, Zip Code: Point Roberts, WA. 98281

Telephone Number: 360-945-2622 Fax Number: \_\_\_\_\_

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Larry Musselwhite

PRINT NAME

[Signature]

SIGNATURE

6-19-06

DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

**RECEIVED**

Applicant Name:  
**Freedom 2000 LLC dba  
Cando Recycling and Disposal**

Application Docket No.:  
**TG-081576**

JUN 22 2009

WASH. UT. & TP COMM

**THE APPLICATION** What authority are you applying for? Include any amendments.

Applying for a certificate to operate as a solid waste collection company under Chapter 81.77 RCW for the Point Roberts area.

**SUPPORT STATEMENT**

(To be completed by the individual or business/organization supporting the request for operating authority)

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

Curbside collection will cease effective July 1, 2009. We need commercial/ residential pick up service of solid waste and recyclables.

Are your transportation needs being met now? Yes \_\_\_ No: X If not, explain problems you have experienced.

The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the certificate.

If the request is denied, would it have any affect on you or your business/organization:

Yes X No \_\_\_ If yes, please explain.

We are unable to self haul our commercial/residential garbage. We do not have any commercial dumpsters except those which have been provided and will be removed on July 1, 2009. Furthermore we would have to reallocate staff to deal with transporting the garbage to the transfer station and we have no means of transporting such waste.

**VERIFICATION**

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Jay Lewis, Manager

Business/Organization: Pt. Roberts Market place

Street/Mailing Address: 480 Type Dr. PO Box 1070

City, State, Zip Code: Point Roberts, WA 98281

Telephone Number: 360-945-0237 Fax Number: 360-945-1247

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Jay Lewis  
PRINT NAME

Jay Lewis  
SIGNATURE

6-19-09  
DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

**RECEIVED**  
JUN 22 2009  
WASHINGTON UT. & TP. COMM

Applicant Name:  
**Freedom 2000 LLC dba**  
**Cando Recycling and Disposal**

Application Docket No.:  
**TG-081576**

**THE APPLICATION** What authority are you applying for? Include any amendments.  
Applying for a certificate to operate as a solid waste collection company under Chapter 81.79 RCW for the Point Roberts area.

**SUPPORT STATEMENT**

(To be completed by the individual or business/organization supporting the request for operating authority)

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.  
Curbside collection will cease effective July 1, 2009. We need commercial/ residential pick up service of solid waste and recyclables.

Are your transportation needs being met now? Yes  No:  If not, explain problems you have experienced.  
The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the certificate.

If the request is denied, would it have any affect on you or your business/organization:  
Yes  No  If yes, please explain.  
We are unable to self haul our commercial/residential garbage. We do not have any commercial dumpsters except those which have been provided and will be removed on July 1, 2009. Furthermore we would have to reallocate staff to deal with transporting the garbage to the transfer station and we have no means of transporting such waste.

**VERIFICATION**

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: MARK S. FURNO / PRESIDENT  
Business/Organization: DOCK SIDE INC. / DOCKSIDE CAFE  
Street/Mailing Address: 725 SIMUNDSON DR.  
City, State, Zip Code: POINT ROBERTS, WA 98281  
Telephone Number: (360)945-1206 Fax Number: (360)945-1097

*I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.*

MARK S. FURNO  6/19/09  
PRINT NAME SIGNATURE DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

|   |   |
|---|---|
| Applicant Name:<br><b>Freedom 2000 LLC dba<br/>Cando Recycling and Disposal</b> | Application Docket No.:<br><br><b>TG-081576</b> |
|---|---|

**THE APPLICATION** What authority are you applying for? Include any amendments.

Applying for a certificate to operate as a solid waste collection company under Chapter 81.77 RCW for the Point Roberts area.

**SUPPORT STATEMENT**

(To be completed by the individual or business/organization supporting the request for operating authority)

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

Curbside collection will cease effective July 1, 2009. We need commercial/ residential pick up service of solid waste and recyclables.

Are your transportation needs being met now? Yes \_\_\_\_\_ No: X If not, explain problems you have experienced.

The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the certificate.

If the request is denied, would it have any affect on you or your business/organization:  
Yes X No \_\_\_\_\_ If yes, please explain.

We are unable to self haul our commercial/residential garbage. We do not have any commercial dumpsters except those which have been provided and will be removed on July 1, 2009. Furthermore we would have to reallocate staff to deal with transporting the garbage to the transfer station and we have no means of transporting such waste.

**RECEIVED**  
JUN 22 2009  
WASH. UT. & TP. COMM

**VERIFICATION**

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Paul Rusk, Owner

Business/Organization: National Mountain Sound Properties

Street/Mailing Address: 1385 Gulf Rd.

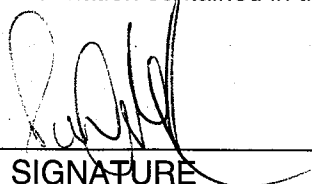
City, State, Zip Code: Point Roberts, WA 98281

Telephone Number: 360-945-1011 Fax Number: \_\_\_\_\_

*I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.*

Paul Rusk

PRINT NAME



SIGNATURE

6/19/09

DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name:

**Freedom 2000 LLC dba  
Cando Recycling and Disposal**

Application Docket No.:

**TG-081576**

**THE APPLICATION** What authority are you applying for? Include any amendments.

Applying for a certificate to operate as a solid waste collection company under Chapter 81.77 RCW for the Point Roberts area.

**SUPPORT STATEMENT**

(To be completed by the individual or business/organization supporting the request for operating authority)

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

Curbside collection will cease effective July 1, 2009. We need commercial/ residential pick up service of solid waste and recyclables.

Are your transportation needs being met now? Yes \_\_\_ No: X If not, explain problems you have experienced.

The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the certificate.

If the request is denied, would it have any affect on you or your business/organization: Yes X No \_\_\_ If yes, please explain.

We are unable to self haul our commercial/residential garbage. We do not have any commercial dumpsters except those which have been provided and will be removed on July 1, 2009. Furthermore we would have to reallocate staff to deal with transporting the garbage to the transfer station and we have no means of transporting such waste.

**RECEIVED**  
JUN 22 2009  
WASH. UT. & TR. COMM

**VERIFICATION**

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Michael J. Lange Postmaster

Business/Organization: United States Postal Service

Street/Mailing Address: 1582 Gulf Rd.

City, State, Zip Code: Point Roberts, WA 98281-9998

Telephone Number: 360)945-7770 Fax Number: 360)945-1232

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Michael J Lange  
PRINT NAME

Michael J. Lange  
SIGNATURE

6/19/09  
DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

**RECEIVED**  
JUN 22 2009  
WASH. UT. & TP-COMM

Applicant Name:  
**Freedom 2000 LLC dba**  
**Cando Recycling and Disposal**

Application Docket No.:  
**TG-081576**

**THE APPLICATION** What authority are you applying for? Include any amendments.  
Applying for a certificate to operate as a solid waste collection company under Chapter 81.77 RCW for the Point Roberts area.

**SUPPORT STATEMENT**

(To be completed by the individual or business/organization supporting the request for operating authority)

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.  
Curbside collection will cease effective July 1, 2009. We need commercial/ residential pick up service of solid waste and recyclables.

Are your transportation needs being met now? Yes \_\_\_ No: X If not, explain problems you have experienced.  
The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the certificate.

If the request is denied, would it have any affect on you or your business/organization:  
Yes X No \_\_\_ If yes, please explain.  
We are unable to self haul our commercial/residential garbage. We do not have any commercial dumpsters except those which have been provided and will be removed on July 1, 2009. Furthermore we would have to reallocate staff to deal with transporting the garbage to the transfer station and we have no means of transporting such waste.

**VERIFICATION**

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Renee Coe  
Business/Organization: \_\_\_\_\_  
Street/Mailing Address: 1986 Cedar Park Dr.  
City, State, Zip Code: Point Roberts, WA 98281  
Telephone Number: 360-945-3090 (W) Fax Number: \_\_\_\_\_

*I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.*

Renee Coe



6/18/09

PRINT NAME

SIGNATURE

DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name:  
**Freedom 2000 LLC dba  
Cando Recycling and Disposal**

Application Docket No.:  
**TG-081576**

**THE APPLICATION** What authority are you applying for? Include any amendments.

Applying for a certificate to operate as a solid waste collection company under Chapter 81.77 RCW for the Point Roberts area.

**SUPPORT STATEMENT**

(To be completed by the individual or business/organization supporting the request for operating authority)

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

Curbside collection will cease effective July 1, 2009. We need commercial/ residential pick up service of solid waste and recyclables.

Are your transportation needs being met now? Yes \_\_\_ No: X If not, explain problems you have experienced.

The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the certificate.

If the request is denied, would it have any affect on you or your business/organization:

Yes X No \_\_\_ If yes, please explain.

We are unable to self haul our commercial/residential garbage. We do not have any commercial dumpsters except those which have been provided and will be removed on July 1, 2009. Furthermore we would have to reallocate staff to deal with transporting the garbage to the transfer station and we have no means of transporting such waste.

**RECEIVED**  
2009.22.2009  
WASH. UT. & TP. COMM

**VERIFICATION**

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Point Roberts Wader Dist, #4

Business/Organization: Wader Distribution

Street/Mailing Address: 79 Tye Dr, Suite A

City, State, Zip Code: Point Roberts WA, 98281

Telephone Number: 360 945-4696 Fax Number: 360 945 3021

*I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.*

Dan Bourks  
PRINT NAME

Dan Bourks  
SIGNATURE

6-19-09  
DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name:  
Freedom 2000 LLC dba  
Cando Recycling and Disposal

Application Docket No.:  
**TG-081576**

**THE APPLICATION** What authority are you applying for? Include any amendments.

Applying for a certificate to operate as a solid waste collection company under Chapter 81.77 RCW for the Point Roberts area.

**SUPPORT STATEMENT**

(To be completed by the individual or business/organization supporting the request for operating authority)

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

Curbside collection will cease effective July 1, 2009. We need commercial/ residential pick up service of solid waste and recyclables.

Are your transportation needs being met now? Yes \_\_\_ No: X If not, explain problems you have experienced.

The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the certificate.

If the request is denied, would it have any affect on you or your business/organization: Yes X No \_\_\_ If yes, please explain.

We are unable to self haul our commercial/residential garbage. We do not have any commercial dumpsters except those which have been provided and will be removed on July 1, 2009. Furthermore we would have to reallocate staff to deal with transporting the garbage to the transfer station and we have no means of transporting such waste.

RECEIVED

JUN 22 2009  
WASH. UT. & TP. COMM

**VERIFICATION**

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Debbie Nissen / Branch Manager

Business/Organization: Banner Bank

Street/Mailing Address: 480 Tyce Drive / P.O. Box 1850

City, State, Zip Code: Point Roberts WA 98281

Telephone Number: 360 945 3132 Fax Number: 360 945 3020

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Debbie Nissen  
PRINT NAME

[Signature]  
SIGNATURE

6-9-09  
DATE



**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name:  
**Freedom 2000 LLC dba  
Cando Recycling and Disposal**

Application Docket No.:  
**TG-081576**

**THE APPLICATION** What authority are you applying for? Include any amendments.  
Applying for a certificate to operate as a solid waste collection company under Chapter 81.77 RCW for the Point Roberts area.

**SUPPORT STATEMENT**

(To be completed by the individual or business/organization supporting the request for operating authority)

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.  
Curbside collection will cease effective July 1, 2009. We need commercial/ residential pick up service of solid waste and recyclables.

Are your transportation needs being met now? Yes \_\_\_ No: X If not, explain problems you have experienced.  
The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the certificate.

If the request is denied, would it have any affect on you or your business/organization:  
Yes X No \_\_\_ If yes, please explain.  
We are unable to self haul our commercial/residential garbage. We do not have any commercial dumpsters except those which have been provided and will be removed on July 1, 2009. Furthermore we would have to reallocate staff to deal with transporting the garbage to the transfer station and we have no means of transporting such waste.

**RECEIVED**  
JUN 22 2009  
WASH. UT. & TP. COMM

**VERIFICATION**

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: BARB RICHARDSON  
Business/Organization: \_\_\_\_\_  
Street/Mailing Address: 1342 Rex ST  
City, State, Zip Code: POINT ROBERTS WA 98281  
Telephone Number: 360 945-8534 Fax Number: \_\_\_\_\_

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

BARB RICHARDSON  
PRINT NAME

[Signature]  
SIGNATURE

6/19/09  
DATE

**Posted**

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

|   |   |
|---|---|
| Applicant Name:<br><b>Freedom 2000 LLC dba<br/>Cando Recycling and Disposal</b> | Application Docket No.:<br><br><b>TG-081576</b> |
|---|---|

**THE APPLICATION** What authority are you applying for? Include any amendments.

Applying for a certificate to operate as a solid waste collection company under Chapter 81.77 RCW for the Point Roberts area.

**SUPPORT STATEMENT**

(To be completed by the individual or business/organization supporting the request for operating authority)

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

Curbside collection will cease effective July 1, 2009. We need commercial/ residential pick up service of solid waste and recyclables.

Are your transportation needs being met now? Yes \_\_\_ No: X If not, explain problems you have experienced.

The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the certificate.

If the request is denied, would it have any affect on you or your business/organization:  
Yes X No \_\_\_ If yes, please explain.

We are unable to self haul our commercial/residential garbage. We do not have any commercial dumpsters except those which have been provided and will be removed on July 1, 2009. ~~Furthermore we would have to reallocate staff to deal with transporting the garbage to the transfer station and we have no means of transporting such waste.~~

**RECEIVED**  
JUN 22 2009  
WASH. UT. & TP. COMM

**VERIFICATION**

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Debbie Nissen

Business/Organization: \_\_\_\_\_

Street/Mailing Address: 490 Boundary Bay Rd

City, State, Zip Code: Point Roberts WA 98281

Telephone Number: 360 945 2660 Fax Number: \_\_\_\_\_

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Debbie Nissen PRINT NAME      [Signature] SIGNATURE      6-19-09 DATE

**Posted**